MEETING MINUTES STATE CONSUMER AND FAMILY ADVISORY COMMITTEE June 9, 2005

Present: Jerry Annis, Terry Burgess, Pete Clary, Zack Commander, Sandy DuPuy, Kathleen Herr,

Ron Huber, Ed Masters, Ellen Perry, Betty Stanberry and Amelia Thorpe.

Absent: Carl Britton-Watkins, Doug Michaels and Barbara Richards.

Resigned: Cody Ferrell.

<u>DMH/DD/SAS Staff Present:</u> Steve Hairston, Cathy Kocian, Chris Phillips, Ann Remington, Lea

Slaton and Leza Wainwright.

Guests: Val Carmine and Dennis Knassel.

1. Welcome and Introductions

♦ The meeting was called to order at 9:40 AM.

• The Chairperson opened the meeting and welcomed the attendees.

2. Approval of Agenda and Minutes

- ♦ The meeting agenda was approved with additions.
- ♦ The May 2005 minutes were reviewed and approved with changes. The committee decided that it had erred in going into closed session during the May meeting. Content of the discussion in the closed session pertained to the necessity of SCFAC members conducting themselves in a manner appropriate to ensuring the integrity of the SCFAC.

3. Public Comment Time

♦ Ed Masters read a poem entitled "Something Has Gone Wrong with Me."

4. ELT Update

- ◆ Betty Stanberry reported on the DMH/DD/SAS Executive Leadership Team (ELT) meeting she attended on May 24, 2005. The ELT consists of the five Division Section Chiefs, an Attorney from the Attorney General's Office, the Division Human Resource Manager and the Director and Deputy Director of DMH/DD/SAS.
- ◆ Dr. Alan Dobson has accepted the position of Assistant Secretary for Health Policy and Medical Assistance for the Department of Health and Human Services.
- ♦ Seventy-two people attended the consumer Service Definition Training at various sites across the state via teleconference. An audio visual program of the training is available on the Division website (http://www.dhhs.state.nc.us/mhddsas/).
- ◆ There was discussion in ELT about the Medicaid letter that is sent to consumers when services are denied, reduced, suspended or terminated. It was mentioned in the ELT meeting that it is imperative to stress in the letter that the letter refers to a particular service(s) rather than to Medicaid itself.

5. Conflict of Interest Letter

♦ The Division had requested that the SCFAC issue a communication to local CFACs regarding CFAC membership conflicts of interest. A draft letter was reviewed and suggested edits will be made by the Chairperson. The revised draft will be

- distributed to the members for approval. Upon approval, the letter will be sent to all local CFAC groups encouraging local CFACs to develop their own policies.
- ♦ The committee agreed that the conflict of interest issue is distinct from the SCFAC Rules of Procedure #8 which references membership in other groups rather than issues of employment.

6. SCFAC Meeting Dates

- ♦ The SCFAC members decided that for the remainder of this calendar year they will adhere to the published schedule of SCFAC meetings. The calendar is posted on the Division web site.
- ♦ The possibility of rotating all 12 meetings next calendar year was discussed. Members will provide the Chair with LME contact information in order to determine which LMEs would be willing to host the monthly meetings across the state.

7. Division Update with Leza Wainwright, DMH/DD/SAS Deputy Director

- ♦ Ms. Wainwright announced the Division's decision to postpone the implementation of the new service definitions until October 1, 2005. In addition, implementation of the new CAP MR/DD Waiver has been delayed until September 1, 2005.
- ♦ The provider Endorsement Process was open for a public comment period. Ms. Wainwright noted that there was little feedback received by the closing date.
- ♦ Efforts are being made to ensure that there are enough providers in the system at the time Service Definitions are implemented. At this time there are two tracks for endorsement of providers, Implementation and On-Going Way to do Business. During implementation, providers will receive up to eighteen months provisional endorsement. After the implementation period, provisional endorsement will only be granted for six months in order to demonstrate the ability to do the job.
- One member wanted to know how to improve the system in order to get providers to give 100% reporting of all incidents.
- ♦ Budget issues: Ms. Wainwright gave a brief review of the NC Senate budget proposals relating to DMH/DD/SAS. She also commented on the fact that the current balance in the Mental Health Trust Fund budget is already obligated.
- One member requested information on Jail Diversion and Ms. Wainwright referred them to Sonya Brown or Bob Kurtz who work on the Justice Systems Innovations Team.
- ♦ Ms. Wainwright commented on Divestiture with regards to the fact that the entire idea of Divestiture was in Statute.
- ♦ The reports to date on Child Mental Health Group Homes show that 27% of the homes had never had clients. A number of group home owners voluntarily gave up their licenses and a number of licenses were revoked. All homes must be in compliance with staff-to-client ratios and staff qualifications reflected in the new rules. A full report of the investigations of the group homes will be forthcoming in July, 2005.

8. Application Review of Potential New SCFAC Members

◆ At this time there are several SCFAC positions open: 1) A parent/family member of an Adult with Co-Occurring Disorders, 2) A parent/family member of a minor with a substance abuse disorder, 3) A youth with a Mental Health Disorder, 4) A youth

- with a Developmental Disability, 5) A youth with a substance abuse disorder and 6) A youth with co-occurring disorders.
- ♦ Ann Remington is presently working on contacting potential candidates to see if they are still interested in serving in these vacant positions.

9. Submission of Votes/Feedback on SCFAC Positions

- Please do not contact the Staff Liaison or Division Staff prior to a meeting of the State CFAC and request that they relay your vote or feedback on issues relevant to SCFAC business.
- ♦ SCFAC members must always personally contact the Chair and Vice-Chair or send an email to the Chair and Vice-Chair to document their votes/position in writing.

10. Draft State Plan 2005

- ◆ Steve Hairston, Chief of Operations Support and Lea Slaton, Planner on the Planning Team (DMH/DD/SAS) assisted the SCFAC with their review of the draft of State Plan 2005. An overview was given by Mr. Hairston explaining the process which includes the Planning Team Leader meeting with ELT in a retreat format to develop the outline and contents for the State Plan. After the outline is developed and approved, it is provided to each of the Division Team Leaders (Team Leaders make up the Division's Management Leadership Team). Team Leaders are then responsible for drafting the various sections and chapters of the State Plan. The sections and chapters are returned to the Planning Team who coordinates publication of the draft of the State Plan.
- ♦ One member stated that the State Plan is viewed as a tool to help educate the consumers and family members in North Carolina. If a person wants to understand system reform, it is necessary to read all of the previous state plans. Division staff plan to use State Plan 2006-2007 to review and report on all of the work of all of the previous plans.
- ♦ Members agreed that it is not okay to build on previous State plans and leave out acronyms or definitions because not everyone is familiar with the previous plans and terminology. Therefore, the SCFAC feels that it is important that every acronym in the State Plan 2005 be clearly defined. Division staff will work to include as many of the acronyms as they have on file from previous plans.
- ♦ Discussion occurred around concerns and changes that need to be addressed in State Plan 2005:
 - The Quality Management Section does not include CFAC at all. One member stated that QM should include CFAC participation and that this is a disservice to the local CFACs. Concern was also expressed that there is no mention of the LMEs' responsibilities to the CFACs in the entire draft or in the Performance Contract. The only reference is to the fact that CFAC groups will sign off on LME quarterly reports.
 - Mr. Hairston stated that it is the intention of the Division to use State Plan 2006-2007 to review and report on all of the work of the previous plans. Staff will review the timelines in the original State Plan to determine what has been accomplished, when it was accomplished and the outcomes of the identified tasks on the timeline.
 - Several members expressed their concerns about the lack of emphasis in the plan on self determination given the fact Person Centered Planning (PCP) is at the forefront of reform. The group believes it needs to be addressed at some

- level. In addition, the term "recovery" was not mentioned in the PCP chapter at all. The committee requested that the concepts of recovery and self determination be more prominent in the State Plan.
- Mr. Hairston explained that the term "report card" will not be used due its negative connotations. At this time, the Division is using the term LME Profile and the Quality Management staff is working to develop a tool for measuring performance.
- One member commented that there were global problems throughout the plan and suggested that the strategic plan include:
 - 1. metrics (tools for measuring),
 - 2. identified milestones,
 - 3. identified accountability measures,
 - 4. timing (an implementation calendar),
 - 5. a prioritized list of tasks/objectives and
 - 6. identification of actual/potential funding streams (when appropriate).
- Mr. Hairston reviewed the difference between a strategic plan and the State Plan. The input of the SCFAC will be taken into account when leadership of the Division begins to draft State Plan 2006-2007. The elements of the strategic plan will be built into the review and reporting in the next State Plan.
- One member requested that the new term "Clinical Home" be included in the glossary.
- It was requested that the definition of the term "Clubhouse" be defined in the State Plan 2005.
- One member stated that there are many older citizens seeking services now and the geriatric population needs to be included in the plan.
- Page 37 Some programs are not completely consolidated, so what will happen to those programs if they are not completely consolidated?
- Page 42 Please reflect that CAP MR/DD is the Self-Determination Waiver.
- Page 43- Change wording to reflect "will be."
- Page 44 At this time the local LME does not meet quarterly with Division Customer Service and Community rights Team.
- Page 56 SCFAC needs to be added in order to achieve objectives.
- Page 57 It was mentioned that the term "CFAC" needs top be added to the second section.
- Page 58 There is no mention of local CFAC at all.
- Page 87 Who were the people the text refers to as leadership and why doesn't it include consumers and families?
- Page 59 Given that this is a system-wide coordination, it is imperative to add the term "SCFAC" to this section.
- Page 80 Remove the word "disabilities" and add "co-occurring".
- Page 92 The Consumer Empowerment Team and the LME Team are developing a measuring tool that will assist with identifying concerns that would be beneficial to assess the progress of the relationship between LME and CFAC groups. The wording needs to be changed to reflect "will be" developed for 2005-2006.

11. Operations Plan and Chart

♦ Steve Hairston will provide the SCFAC with an overview of the Operations Plan and chart at the next SCFAC meeting in July. A copy of the 33 tasks will be provided to the SCFAC members.

12. Outcome Measures

♦ In the future, the SCFAC will receive a quarterly report on outcome measures of goals and objectives identified in the State Plan.

13. SCFAC e-mail Link and the Possibility of a SCFAC Chat Room

- Contact information for SCFAC members can be found on the SCFAC web page.
- ♦ If a SCFAC link (for example, scfac@ncmail.net) is designed specifically for the SCFAC members to receive email, 1) will the committee assign someone to be responsible for answering all of the emails, or 2) will everyone be answering emails?
- ♦ There is an approval process that the link must go through in order to be approved. Ann Remington agreed to look into the possibility of a link being added to the website and will report back to the committee.

14. Next Meeting

♦ The next meeting is scheduled for July 14, 2005 from 9:30 A.M. – 3:30 P.M. and will be held at Dorthea Dix Hospital Campus in the Royster Building in Room 116.

15. July Meeting Agenda

- ♦ Approval of the Agenda.
- ♦ Approval of the June meeting minutes.
- ♦ ELT Update.
- ♦ Division Update.
- ♦ Update from Steve Hairston on the Operations Plan.
- ♦ SCFAC Sub-Committee Reports.
- ♦ SCFAC Sub-Committee Work Groups.
- ♦ There will be two public comment periods.